

Effective on 10/01/2008
Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL FOR FY 2009

Complete if Known

| | |
|----------------------|----------------------|
| Application Number | 10/579,226 |
| Filing Date | May 12, 2006 |
| First Named Inventor | BELLEVILLE, Philippe |
| Examiner Name | Berdichevsky, Miriam |
| Art Unit | 4132 |
| Attorney Docket No. | 10404.042.00 |

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$1,500.00)

METHOD OF PAYMENT (check all that apply)

- ☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 50-0911 Deposit Account Name: McKenna Long & Aldridge LLP
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 330 | 165 | 540 | 270 | 220 | 110 | |
| Design | 220 | 110 | 100 | 50 | 140 | 70 | |
| Plant | 220 | 115 | 330 | 165 | 170 | 85 | |
| Reissue | 330 | 165 | 540 | 270 | 650 | 325 | |
| Provisional | 220 | 110 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues) | 52 | 26 |
| Each independent claim over 3 (including Reissues) | 220 | 110 |
| Multiple dependent claims | 390 | 195 |

Total Claims Extra Claims Fee (\$)
19 - 20 or HP = 0 x \$52 = 0

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$)
2 - 3 or HP = 0 x \$220 = 0

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims
 Fee (\$)
\$390.00 Fee Paid (\$)
\$390.00

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)
 _____ - 100 = 0 / 50 = 0 (round up to a whole number) x _____ = 0

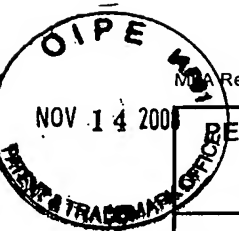
4. OTHER FEE(S)

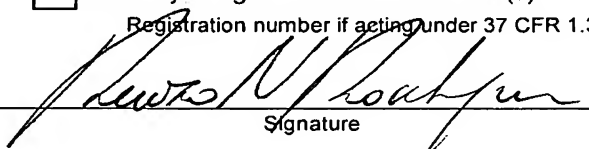
Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Petition for Extension of Time 1,110.00

SUBMITTED BY

| | | | |
|-------------------|----------------------|---|-----------------------------|
| Signature | | Registration No. (Attorney/Agent) 54,824 | Telephone (202) 496-7500 |
| Name (Print/Type) | Renzo N. Rocchegiani | Date November 14, 2008 | |



| | | |
|---|---------------------------|---|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) | | Attorney Docket No. 10404.042.00 |
| Application Number: 10/579,226 | | Filed: May 12, 2006 |
| For: PN-SEMICONDUCTOR INORGANIC/ORGANIC HYBRID MATERIAL, ITS METHOD OF PRODUCTION AND PHOTOVOLTAIC CELL COMPRISING SAID MATERIAL | | |
| Art Unit: 4132 | Examiner: M. Berdichevsky | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter appropriate fee below): | | |
| | <u>Fee</u> | <u>Small Entity Fee</u> |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$130 | \$65 |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$490 | \$245 |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1110 | \$555 |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1730 | \$865 |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2350 | \$1175 |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. | | |
| <input checked="" type="checkbox"/> A check in the amount of the fee is enclosed. | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees, which may be required, or credit any overpayment, to Deposit Account No. <u>50-0911</u> . | | |
| I am the <input type="checkbox"/> applicant/inventor. | | |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | |
| <input type="checkbox"/> attorney or agent of record. Registration Number _____ | | |
| <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) <u>54,824</u> | | |
|  _____ Signature | | <u>November 14, 2008</u> Date |
| <u>Renzo N. Rocchegiani</u> Typed or printed name | | <u>(202) 496-7500</u> Telephone Number |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below | | |
| <input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted. | | |

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